

# **COMMUNITY INTEGRATION FOR VIRGINIANS WITH DISABILITIES**

## **Community Integration Implementation Team Meeting**

**August 22, 2006 ~ 11:00 a.m. to 4:00 p.m.**

**Virginia Housing Development Authority  
601 S. Belvidere, Richmond, Virginia 23220**

### **Draft Meeting Notes**

#### **MEMBERS PRESENT:**

Julie Stanley, Teja Stokes (DMAS), Bill Peterson (VDA), Frank Tetrick (DMHMRSAS), Barbara Cotter (DSS), Alexis Thornton Crump (VDOT), Jack Wood (MHPC), Gary Krapf (SCHEV), Heidi Lawyer (VBPD), Gloria Westerman (OCCS), Leslie Hutcheson-Prince (VDDHH), David Suttle (VDH), Liz Hayes (DPOR), Lisa Grubb (SILC), Ernie Forrest (DGS), Steve Combs (DVS), Estell Carter for Dee Esser (VEC), Jim Taylor for Susan Payne (DBVI), Elroy Bentick for Neil Sherman (DRPT), Bill Rhodenhiser for Theresa Preda (DRS), Paula Saxby for Bob Nebiker (DHP), Gail Jaspen for the Honorable Marilyn Tavenner (OSHHR)

#### **MEMBERS ABSENT:**

Karen Trump (VDOE), Basil Gooden (DHCD), Alan Saunders (OCS), Bill Fuller (VHDA), David Smith (OSCT), Dietra Trent (OSEd), Ralph Davis (OCT)

#### **OTHERS PRESENT:**

E. Janet Riddick, Bonnie Scott, Lisa Kaplowitz, M.D. (VDH), Bill Pega (DBVI), Gail Nardi (DSS), Barbara Anderson (DSS), Becky Currin (VOPA), Meg Lardt, Bill Armistead (DMHMRSAS), Bill Zieser (DMAS), John Karabaic (DMAS), Janet Clements (VDEM), Frank Williamson (VDEM), Carter Harrison, Amy Ettinger (DRPT), Percy Cogburn (VDOT), Curtis Brown (OCP), Kelly Hickok

#### **CALL TO ORDER:**

The meeting was called to order at 11:15 a.m. Ms. Stanley introduced herself and welcomed everyone to the meeting. Team members introduced themselves and indicated whether they were members of the Team or attending in some other capacity. Approval of the previous minutes of the Community Integration Implementation Team was postponed.

Ms. Stanley explained that there was an important working conference on emergency management and people with disabilities and seniors sponsored by Homeland Security and Health and Human Services in Washington in June. She was privileged to be a member of Virginia's 6-member delegation to this conference. Several individuals here today also attended as members of the delegation. A report on this conference will be presented later today. One of the delegation's recommendations following this conference was to devote a majority of the Team's meeting agenda today to the subject of emergency planning, and the Team will be asked

to make recommendations on we can plan with, instead of for, people with disabilities and “special needs” sheltering. The Team’s recommendations will be reported to the OSHHR Emergency Response Workgroup and to the Virginia Department of Emergency Management (VDEM). The Community Integration Advisory Commission will also be asked for its advice on how to integrate people with disabilities into all facets of planning at its September 19 meeting, and the Commission’s advice will be reported following that meeting.

## **EMERGENCY PLANNING AND PREPAREDNESS IN VIRGINIA**

**The Role of the Virginia Department of Emergency Management :** Ms. Stanley introduced Janet L. Clements, Chief Deputy State Coordinator, VDEM; Curtis Brown, Special Assistant to the Governor in the Office of Commonwealth Preparedness; and Gail Jaspen, Deputy Secretary, Office of Secretary of Health and Human Resources.

Ms. Clements presented VDEM’s mission and efforts in protecting Virginians from the impact of emergencies and disasters. Ms. Clements identified natural, technological, and man-caused hazards. She reviewed the disaster responses currently in place, including local governmental and state responsibilities. She stressed that all emergencies are local. The State does not overrule localities in the administration of their duties. The State steps in only when asked for assistance. She also reviewed VDEM’s special needs population outreach efforts. Efforts have centered on information for senior and Spanish-speaking populations. In addition, proposed evacuation procedures and sheltering efforts were also reviewed. Ms. Clements will send an electronic copy of her presentation (Attachment I) to Julie Stanley, and a copy will be posted to the Olmstead Website.

A question was raised as to how to identify individuals with special needs in the community: specifically, is there a database in each locality that shows or lists those individuals in the area who have special needs and may need assistance should a disaster occur? Ms. Clements responded that communities are trying to develop directories or lists of individuals with special needs. Some localities are attempting outreach efforts, but the process is not standardized. There are additional problems, such as keeping lists updated and not violating the Health Insurance Portability and Accountability Act (HIPAA). This issue is on a number of agendas for various committees and groups dealing with emergency preparedness and evacuation plans.

**The Role of Virginia’s Office of Commonwealth Preparedness:** Curtis Brown, Special Assistant to the Governor in the Office of Commonwealth Preparedness, gave an update on emergency preparedness. In the wake of recent disasters, it has become evident that there is a need to concentrate efforts on ensuring solid relationships between the federal government in terms of transmitting information among local, state and federal agencies. The Commonwealth Preparedness Office wants to make people aware of preparedness skills, i.e. to recognize the potential for disasters, to take necessary precautions and to respond or enact personal plans in the case a disaster strikes. Virginia is better prepared to respond to future disasters, but there is room for improvement. The Legislature has solidified the Office of Commonwealth Preparedness. The focus of this Office is to provide oversight of emergency preparedness; to build bridges among local, state and federal authorities; to ensure that agencies communicate effectively and efficiently; and to include special needs groups in the planning process.

The Governor has been concentrating his efforts for emergency preparedness by developing solid leadership ties with the federal government in transmitting information. The goal is to tear down walls between agencies in order to increase the level of preparedness in Virginia. The Department of Emergency Management (VDEM) has been working to build working relationships among local and state agencies in order to increase our level of preparedness. Cultural preparedness is one of the current goals of VDEM. The focus of VDEM is to promote collaboration between agencies in terms of operational disaster plans and moving toward cultural preparedness.

The Governor was recently briefed on hurricane evaluation and sheltering plans for Hampton Roads. It is believed that we a strong plan of action is in place. The evacuation plan for Hampton Roads and other coastal communities was developed about five years ago. It has been revised and reviewed, and simulations have been held. To date, there has not been a need to enact the program, but the office is prepared should the need arise. The plan is continually being updated and revised as necessary. One of the most recent plans has been to reverse I-64 lanes should evacuation become necessary.

Bob Crouch, who heads the Commonwealth Preparedness Office, chairs several different committees and subcommittees focused on building collaborative relationships among local, state and federal agencies and the military in the disaster planning preparedness process. The Secure Commonwealth Panel has been reactivated and will be concentrating on working with the private and public sectors in integrating them into the disaster preparedness planning process.

The Office of Commonwealth Preparedness is willing to assist the Team and the Commission in integrating people with disabilities into the planning process for emergency preparedness. Mr. Brown encouraged attendees to contact his office if they can be of assistance.

**HHR Emergency Response Work Group:** Gail Jaspen, Deputy Secretary, Office of Secretary of Health and Human Resources, is coordinating the HHR agencies in emergency response efforts. The Secretary oversees about 13 different executive branches. Many of these agencies-- such as VDA, VDH, DHP, VDDHH, DMAS, DMHMRSAS, DSS DRS and DBVI-- would be called upon to assist in various types of disaster responses. The agencies work very closely with Heidi Lawyer of VBPD and Julie Stanley as well.

This past spring, VDEM, the Department of State Police, and the Secretary of Public Safety invited the Governor, Lieutenant Governor and the Cabinet Secretaries to the Virginia Emergency Operations Center. A briefing similar to the one Ms. Clements gave earlier on this meeting was presented. In addition, an abbreviated tabletop exercise on a hurricane scenario affecting the evacuation of Hampton Roads was conducted. The focus of the exercise was how state and local governments would respond to such an event.

After that meeting, a number of Cabinet Secretaries were interested in bringing their agency heads to see the Operations Center and participate in a similar hurricane scenario. The Honorable Marilyn Tavenner, Secretary of Health and Human Resources, was the first to schedule an agency heads meeting at the Center and to hold a similar tabletop exercise. The

question that came to light was the involvement of groups with special needs: were we doing everything possible to get these groups to participate in emergency preparedness planning?

It was after that meeting that Secretary Tavenner decided to develop a taskforce on integrating groups with special needs in the emergency planning preparedness process. She asked for each agency to appoint a knowledgeable person from their agency to participate in the workgroup. The first meeting was a brainstorming session to identify issues that need to be addressed relative to individuals with special needs and emergency preparedness planning. Shortly after that meeting, the Office of Commonwealth Preparedness formed a Hurricane Evacuation and Sheltering task force. The HHR workgroup was folded into that process to assist the task force.

Some of the issues identified concerned how shelters will be managed--whether by local government, the Red Cross or DSS. Identifying local responsibilities of the various agencies was discussed. DSS will be responsible for the sheltering process. DHP will be the lead in ensuring that certain medical services are available at various shelters. The work group will ensure input from various individuals with special needs in the planning process. The Olmstead Office will be a good source of contact with people with disabilities or special needs that will be able to add their thoughts and recommendations to the preparedness initiative.

One of the needs that the working group identified was transportation. VDOT is in charge of some transportation areas, and local government would be in charge of other transportation resources. DMAS currently has a transportation broker that provides Medicaid transportation services. Discussions are underway with that provider to see if they would be able to provide transportation services during the event of a hurricane evacuation.

Another area of concern is identifying those individuals who are in the community but not in nursing or long-term care facilities. DMAS and DSS would have lists of individuals who are receiving services in their homes. Basically, if a person is receiving services from one of the state agencies, they can be identified. The workgroup is brainstorming privacy issues, identifying and providing services for those in training centers and congregate care facilities, and notification of evacuation information.

A question was raised regarding communications. Specifically, have any provisions been made for individuals who do not speak English or for whom English is a second language? Ms. Jaspen reported that state agencies are aware that Virginia's population is multicultural and multilingual. VDH and DMAS have been responsive to this need and have printed publications in various languages.

### **Emergency Planning and Preparedness for People with Disabilities**

Becky Currin reported on the *Homeland Security Working Conference on Emergency Management and Individuals with Disabilities and the Elderly*. Members of the Virginia Delegation included Curtis Brown, Julie Stanley, Lisa Kaplowitz, Suzanne Simmons, Anna McCray, Janet Schaefer and Becky Currin. The delegation has been asked to present quarterly reports through the rest of the year; the first report is due October 1.

Rebecca Currin reported that the delegation's first question was to discuss what "special needs populations" meant and how that issue and special needs shelters would be addressed. Demographic and technical information was presented to assist the delegation in developing practical planning for outreach to people with special needs, which includes people with disabilities, seniors, persons at or below the poverty level, people who are homeless, people who speak English as a second language, and persons isolated due to cultural or ethnic barriers in society. Looking at the information and the numbers involved, the delegation decided that the term "special needs" was less than useful. Everyone has "special needs," especially in a disaster situation.

A question was raised concerning shelters and in particular "special needs" shelters. The first conclusion was that all shelters need to be ADA accessible. Materials need to be accessible. People should be able to go to the closest shelter so that families, neighborhoods and communities are kept together. As the group worked through the exercises, one theme became increasingly clear. Shelters should be accessible, not divided into shelters for "general" and "special needs" populations. Accessibility includes such items such as flexible drinking straws, sippy cups and adequate bathroom facilities.

One of the primary recommendations of the delegation was to get more individuals with special needs involved up front in planning for emergency preparedness. This includes seniors, individuals who speak other languages, individuals with disabilities, and people with vision and hearing impairments. It was also deemed important to have the same type of individuals working at shelters helping during disasters. It was noted that the best people to reach individuals in their community are individuals who reside in the community. Seniors reaching out to seniors, or churches and other ethnic groups reaching out to their members, are the best choices for distributing and collecting preparedness information in communities.

It was noted that VDEM and VDH have departments in all areas of the state. However, information is not always consistently available to or shared by all departments. The delegation recommended that the Community Integration Advisory Commission be actively involved at the state level and in cooperation with other groups and Boards, such as the Mental Health Planning Council and the SILC. There are large groups of people with contacts all over the state that can be utilized in preparedness plans.

Relative to shelters, it was determined that special healthcare shelters would be needed in the event someone needs medical assistance, such as skilled nursing care, that could not be provided in a regular shelter. Contracts with health care providers and other organizations and agencies need to be developed prior to an emergency occurring not after.

Registries were discussed at length. Even though registries give a sense of being in control, no list is ever current. Most individuals, organizations, and agencies have information that is stored in an electronic format. During a disaster, when electricity may be out, access to electronic information is useless if it cannot be obtained when needed.

Another problem with registries is that they give a false sense of security. People need to be in charge of their own plans for evacuation and recovery. If a person notifies an agency that they

would need assistance, it gives the false impression that they have secured the help they will need in the event of a disaster. In other words, they have turned over their problem to someone else to handle and, therefore, many believe that they do not need to make personal emergency plans to help themselves.

The most efficient means of a registry that was proposed was a locally-maintained old-fashioned “cardex” with essential information contained on cards filed alphabetically. Local community representatives need to be involved in planning the design of that information gathering, how much information should be collected, how it will be stored, and how it would be updated.

Another concern was congregate living settings. Some have plans for evacuation and disaster recovery, and others may not have sufficient emergency plans. DMHMRSAS incorporated a requirement that licensed providers coordinate with their local Emergency Management personnel. The delegation believes that is the very minimum that should be required of any congregate living setting. It was felt that disaster planning should be expanded to require a copy of their emergency plan to be filed with their local Emergency Management offices. This would give local Emergency Management personnel some idea what might be needed specifically in that locality for that facility.

During the evacuation of congregate living facilities, staff members need to stay with the individuals they are serving until the emergency is over and continue assisting the residents.

Transportation issues were also discussed. Sources of accessible vehicles that could be utilized in the event of an emergency include school buses, local, state and federal vehicles, “5310” vehicles, and military transports. Having transportation contractors lined up in advance of a crisis is essential. However, in some areas, these providers contract with multiple localities. This may mean that the vehicles accessible in one location are the same vehicles that are accessible for another location. There needs to be a cross reference of emergency vehicles to be sure that each locality has a separate listing of available vehicles.

Lisa Kaplowitz, M.D., of VDH, discussed medical sheltering issues. While all shelters should be broadly accessible, there are individuals who will have special medical needs during a disaster such as oxygen, medications and dialysis. During Hurricane Isabel, there were people in hospitals because there was no place for them to go. They were not allowed in shelters and there were no other options for them. These issues are being addressed with the district health departments.

Dr. Kaplowitz’s program, Emergency Preparedness and Response, has been in existence for a little over four years. A lot of effort has been put into broad scale planning. VDH has partnered with the hospitals statewide. Hospitals are now going through regional planning, which is new, with regional coordinating centers. VDH has really pushed for partnerships with hospitals, especially at the local level.

The issue of medical needs shelters has also been discussed at length. If medical care is going to be available at shelters, it will have to be provided by medical care providers. The Health Department, for a variety of reasons, would be unable to provide direct medical care in shelters.

The district health departments have been requested to look at developing partnerships with healthcare providers for sheltering. This is very similar to discussions that have been ongoing at the local level for alternative care sites. If hospitals become overwhelmed, how or can they expand their capacity to deal with patients need medical/surgical attention? What happens if they reach their capacity--can alternative care sites be established? If expansion is feasible, will alternate sites be on or off campus? The discussion has been very intense and raised many issues, including legal and liability concerns. The issue of medical care in shelters has a lot of similarities and again requires a partnership between local government and health care providers. In some localities these discussions are further along than others. These discussions need to occur together and will require very close collaboration among government, public health and the health care system.

VDH is also working closely with all facilities licensed by VDH. There have been meetings with the licensure and certification office that works with hospitals, nursing homes, and dialysis centers, to make sure that all these facilities have emergency plans that will work. This also includes DSS and DMHMRSAS to ensure that people receive the appropriate services in a shelter.

### **Agency Roles and Activities**

Representatives from each state agency represented on the Team gave a brief synopsis of their agencies' respective roles in emergency planning and preparedness. In addition, current projects and future goals were also presented.

Several specific issues were discussed, including:

*Shelters for pets.* It was established that service animals may accompany their owners to shelters. It was noted that other individuals may not evacuate if they cannot bring their pets.

*"5310" Vehicles.* Information regarding accessible vehicles purchased through the "5310" program and administered by DRPT was disseminated.

*Availability of Health and Other Professionals.* VDH has discussed having a core of retired health professionals that could be activated when needed to man shelters in case of an epidemic or pandemic and dispense medications/shots. DHP has a yearly renewal process where updated information on healthcare professions is maintained and submitted to VDH on a monthly basis. This information also contains contact information and availability which could be utilized in an emergency situation. DSS also maintains information about a number of retired Social Workers who could be tapped in the event of a disaster.

### **RECOMMENDATIONS**

The Team developed recommendations designed to enhance Virginia' planning for the needs of individuals with disabilities. These recommendations will be presented to the HHR Emergency Response Work Group and to VDEM.

## **Recommendations for the Integration of People with Disabilities in Planning**

1. Include one or more persons with a disability on every CERT Team.
2. Use existing consumer organizations for input at all levels of planning. Existing consumer organizations could also include emergency planning and response as an agenda item on their future meeting agendas and share their input directly with VDEM.
3. Ensure that people with various disabilities are active participants in any disaster response training exercises at both the state and local levels.
4. Ensure that Virginia's emergency response and public safety personnel who have had direct evacuation and sheltering experience with people with disabilities share their experiences and lessons learned with other personnel.
5. Each disability service agency should gather information and advice from its counterpart agency in other states on lessons those states have learned as a result of actual emergency response experience.

## **“Special Needs” Shelters**

The Team was also asked to make recommendations regarding “special needs” (vs. “general population”) shelters. Please note that the term “special needs shelters” does *not* include shelters designed to address medical needs, which everyone agrees must be available.

1. All shelters used for the “general population” should be accessible to individuals with all types of disabilities and be ADA compliant.
2. Red Cross shelter standards for accessibility should be ascertained.
3. Plans to address relocation trauma of individuals with disabilities and their families and caregivers should be enhanced.
4. Shelters and related services should be mapped and available to the public.
5. By having agreements in place in advance with transportation providers, home health care providers, volunteers using the shelter who have special knowledge about people with disabilities, and others, “general population” shelters can better meet the needs of all citizens, including those with disabilities.

The report from Virginia's delegation to the *Working Conference* will be shared with the Community Integration Advisory Commission at its September 19 meeting, at which time the Commission's advice will be requested. This report, and any advice offered by the Commission, will also be included in the first quarterly report of Virginia's delegation to the *Working Conference*, due by October 1.

## **COMMUNITY INTEGRATION ADVISORY COMMISSION**

Ms. Stanley announced that the Community Integration Advisory Commission will meet September 8 at VHDA. This will be an organizational meeting, with emphasis on mandatory Freedom of Information Act and Conflict of Interests Act training, oath of office, election of officers, and a review of the cross governmental strategic plan. The Commission's second



meeting will take place September 19 at VHDA and is planned to bring in people from agencies on some important community integration initiatives important for the Commission to understand.

## **EXECUTIVE COMMITTEE OF THE TEAM**

Due to the lateness of the hour, Ms. Stanley proposed that a subcommittee of the Team meet in September to prepare recommendations to the full Team at its October 17 meeting regarding several issues, including:

- Local agency review and input into the Cross Governmental Strategic Plan (as recommended by the Board earlier in the year);
- Refinement of the Plan, including acknowledging existing community integration initiatives, and developing outcome measurements; and
- Small group process for Plan implementation.

The following individuals will serve on the Executive Committee: Lisa Grubb, Heidi Lawyer, Frank Tetrick, Teja Stokes, and Theresa Preda.

There being no further business, the meeting was adjourned at 3:50 p.m..